THE MINISTER OF STATE IN THE MINISTRY OF. HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Based on information received from de-addiction treatment, Rehabilitation, Drug Awareness, Counselling and Assistance Centres it has been estimated that 15.39 per cent of the addicts fall within the age group of 12 to 23 years during 1999-2000. However, no national level survey has been conducted so far. Ministry of Social Justice and Empowerment has initiated a National Survey to assess the extent, trend and pattern of Alcohol and Drug Abuse in the country covering all age groups.

(b) The Ministry of Social Justice and Empowerment is maintaining 459 NGO run centres (90 counselling centres & 369 Treatment-cum-Rehabilitation centres) all over the country. Ministry of Health and Family Welfare is maintaining 114 detoxification oriented drug de-addiction centres in the country. These centres provide outdoor treatment and counselling as well as admit patients, if necessary, for indoor treatment.

National Family Planning Programme

4816. SHRl RUMANDLA RAMACHANDRAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the National Family Planning Programme was initiated by Govemment way back in 1951 but the continuously rising population has made a mockery of this programme;

(b) if so, the reasons that have been put forward by the authorities for rising population of the country; and

(c) whether Govemment are considering to bring any changes in regard to family planning programme?

THE MINISTER OF STATE INTHE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) It is incorrect.to say that the policies and programmes have been ineffective to check pupulation growth. The decadal growth rate of pupulation in the country rose from 13.31 per cent in 1951 to 21.64 per cent in 1961, and reached all time high of 24.80 per cent in 1971. After 1971, the average exponential growth rate of pupulation began declining as follows:

1981	—	24.66%
1991	—	23.86%
2001	—	21.34%

For the country as a whole the achievements under the "National Family Welfare Programmes" have been quite substantial. Some States/UTs like Goa, Nagaland, Delhi, Kerala, Pondicherry, Andaman & Nicobar Islands,Tamil Nadu, Chandigarh and Mizoram have already achieved goals set for the year 2010 and States /UTs like Manipur, Daman & Diu, Karnataka, Andhra Pradesh, Himachal Pradesh, Sikkim, West Bengal, Maharashtra, Punjab, Arunachal Pradesh and Lakshadweep are close to achieving the goals. However, other States are lagging behind primarily on account of slow achievements of socio-economic indicators.

(c) Govemment of India has adopted the National Population Policy (NPP), in Feb. 2000. The NPP affirms the commitment of Govemment towards voluntary and informed choice and consent of citizens while availing of reproductive health care services, and continuation of the target free approach in administering family planning services. The NPP 2000 provides a policy framework for advancing goals and prioritizing strategies during the next decade, to meet the reproductive and child health needs of the people of India, and to achieve net replacement levels (TFR) by 2010. It is based upon the need to simultaneously address issues of child survival, maternal health, and contraception, while increasing outreach and coverage of a comprehensive package of reporductive and child health services by Government, industry and the voluntary non-Governmental sector, working in partnership.

The immediate objective of the NPP 2000 is to address the unmet needs for contraception, health care infrastructure, and health personnel, and to provide integrated service delivery for basic reproductive and child health care. The medium-term objective is to bring the TFR to replacement levels by 2010, through vigorous implementation of inter-sectoral operational strategies. The long-term obejctive is to achieve a stable population by 2045, at a level, consistent with the requirements of sustainable economic growth, social development, and environmental protection.

NPP lists certain socio-demographic goals to be achieved by 2010. These are:

(1) Address the unmet needs for basic reproductive and child health services, supplies and infrastructure.

(2) Make school education upto the age of 14 free and compulsory and reduce drop outs at primary and secondary school levels to below 20 per cent for both boys and girls.

(3) Reduce infant mortality rate to below 30 per 1000 live births.

(4) Reduce maternal/mortality ratio to below 100 per 100,000 live births.

(5) Achieve universal immunization of children against all vaccine preventable diseases.

(6) Promote delayed marriage for girls, not earlier than age of 18 and preferably after 20 years of age.

(7) Achieve 80 per cent institutional deliveries and 100 per cent deliveries by trained persons.

(8) Achieve universal access to information/conselling and services for fertility regulation and contraception with a wide basket of choices.

(9) Achieve 100 per cent registration of births, deaths, marriages and pregnancy.

(10) Contain the spread of Acquired Immuno Deficiency Syndrome (AIDS) and promote greater integration between the management of Reproductive Tract Infection (RTI) and Sexually Transmitted Infections (STI) and the National AIDS Control Organisation.

(11) Prevent and control communicable diseases.

(12) Integrate Indian Systems of Medicines (ISMN) in the provision of reproductive and child health services and in reaching out of households.

(13) Promote vigorously the small family norm to achieve replacement levels to TFR.

(14) Bring about convergence in implementation of related social sector programmes so that family welfare becomes a people centered programmes.